

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 OF 185

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Cynthia Blair

Mailing Address 7935 Preservation Road

City State Zip Code
Tallahassee FL 32312-6766

FEC ID number of contributing federal political committee.

C

Name of Employer
Tallahassee Memorial HealthCare

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 28 2015

Transaction ID : 22881669

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms Lourdes Boue

Mailing Address 5200 NE Second Avenue

City State Zip Code
Miami FL 33137-2706

FEC ID number of contributing federal political committee.

C

Name of Employer
Miami Jewish Home and Hospital for Age

Occupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 28 2015

Transaction ID : 22881670

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Albert Boulenger

Mailing Address 8900 North Kendall Drive

City State Zip Code
Miami FL 33176-2118

FEC ID number of contributing federal political committee.

C

Name of Employer
Baptist Hospital of Miami

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 28 2015

Transaction ID : 22881671

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00